

Facsimile Cover Sheet

MEDLEN & CARROLL, LLP

TO: Examiner Gambel

fax: 571-273-0844

FROM: Jason Bond
608-218-6900

Date: May 7, 2007

Time: 7:40 CDT

Pages (including cover): 9

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Examiner Gambel,

As requested, please find attached the full submission from April 3, 2007, as well as the stamped postcard. Please note that the \$2160 check has been cashed by the PTO, so there should not be a reason to charge our deposit account. Please call if you have any questions or need anything further.

Best Regards,

Jason R. Bond

Patent, Trademark & Copyright Attorneys

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West Coast Midwest East Coast

PAGE 1/9 * RCVD AT 5/7/2007 8:36:06 AM [Eastern Daylight Time] * SVR:USPTO-EFXRF-6/16 * DNI:2730844 * CSID:608 218 6910 * DURATION (mm:ss):03:20

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Mr 6/27/07
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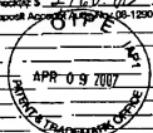
Serial No.: H1714,055

In The Matter of the Application Of: #10MP501

Date Mailed: 1-3-07

The following has been received in the U.S. Patent and Trademark Office on the date stamped hereon:

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|---|------|
| <input type="checkbox"/> Design Patent Application | Page |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Plead Patent Application | Page |
| <input type="checkbox"/> Prox. Patent Application | Page |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Utility Patent Application | Page |
| <input type="checkbox"/> DM <input type="checkbox"/> CONT | |
| <input type="checkbox"/> CP <input type="checkbox"/> CPA | |
| <input type="checkbox"/> U.S. Nat'l. Entry <input type="checkbox"/> RCE | |
| Information Disclosure Statement | |
| <input type="checkbox"/> Form PTO-1449 w/ <input checked="" type="checkbox"/> Refs. | |
| <input type="checkbox"/> Form PTO-1533 (not of Missing Pats.) | |
| <input type="checkbox"/> Certificate Re Sequence Listing | |
| <input type="checkbox"/> Sequence Listing (Paper Copy and CDR) | |
| <input type="checkbox"/> Res Under 37 CFR 1.221(e) to Use CDR from Prior Appl. | |
| <input type="checkbox"/> Form PTO-858 (see Two Transmit Bl.) | |
| <input type="checkbox"/> Advance Order.....Copies | |
| <input type="checkbox"/> Form PTO-1050 (Cert. of Correction) | |
| <input type="checkbox"/> Maintenance Fee Transmittal Form | |
| <input type="checkbox"/> Trademark Application | |
| <input type="checkbox"/> TUA Trademark Application | |
| <input type="checkbox"/> Statement of Use | |
| <input type="checkbox"/> Trademark Renewal Application | |
| <input type="checkbox"/> Section & 15 Affidavits | |
| <input type="checkbox"/> Specimens | |
| <input type="checkbox"/> Declaration/Oath/Affidavits | |
| <input type="checkbox"/> Drawings.....Sheets | |
| <input type="checkbox"/> Formal.....Informal | |
| <input type="checkbox"/> Power of Attorney..... | |
| <input type="checkbox"/> Form PTO-1594/1595 | |
| <input type="checkbox"/> Assignment | |
| <input type="checkbox"/> Small Entity Declaration | |
| <input type="checkbox"/> Amendment/Response..... | |
| <input type="checkbox"/> Extension of Time Req.Month | |
| <input type="checkbox"/> Notice of Appeal | |
| <input type="checkbox"/> Appeal Brief | |
| <input type="checkbox"/> Petition | |



PATENT
Attorney Docket No.: UM-10554

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Thompson et al.
 Serial No.: 11/714,055
 Filed: 11/14/03
 Entitled:

Group No.: 1644
 Examiner: Gambel

Methods of Treating Autoimmune Disease Via CTLA4-Ig

AMENDMENT TRANSMITTAL

RC
6/17/07
 Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450

CERTIFICATE OF MAILING UNDER 37 CFR § 1.8(a)(1)(ii)(A)	
I hereby certify that this correspondence (along with any referred to as being attached or enclosed) is, on the date shown below, being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Date: April 3, 2007	By:  Mary Ellen Waite

Sir or Madam:

Transmitted herewith is an amendment for this application. The fee has been calculated as shown below:

	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra		Rate	Additional Fee
Total Claims	4	-	24	0	X \$50.00	\$0.00
Independent Claims	1	-	4	0	X \$200.00	\$0.00

SUBTOTAL: \$ 0.00
 Five-Month Extension of Time: \$ 2160.00

TOTAL AMOUNT DUE: \$2160.00

1. A check in the amount of \$2160.00 for terminal disclaimer and extension of time is attached.
2. Petition for extension of time. The undersigned attorney of record hereby petitions for an extension of time pursuant to 37 CFR § 1.136, as may be required to file this response.
3. The Commissioner is hereby authorized to charge any deficiency in the payment of the required fees, and/or credit any overpayment, to Deposit Account No. 08-1290. An originally executed duplicate of this transmittal is enclosed for this purpose.

Date: April 3, 2007


 David A. Casimir
 Registration No.: 42,395
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